1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01274

1336 CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place): 1yr. 7mos. 29days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): 844 Carey Street

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) (Last) Abrams

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Separated	7/6/83	72 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: — — —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ~~Unknown~~ Virgle B. Abrams

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Caroline Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk. (If Yes, give war or dates of service): Unk.

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B):

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

422.1

19a. DATE OF OPERATION: — — —

19b. MAJOR FINDINGS OF OPERATION: — — — — — — — — — — — —

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): — — — —

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State): — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 19 54, to 2/5, 19 56, that I last saw the deceased alive on 2/5, 19 56, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (L. Benedict, M. D.) M.D.

ADDRESS (Street, city, town, state): Crownsville, Md.

DATE SIGNED: 2/5/56

23. BURIAL, CREMATION, ~~REMOVAL~~ (SPECIFY): DATE THEREOF: 2/9/56

NAME OF CEMETERY OR CREMATORY: ~~Arbutus Mem Park~~

LOCATION (City, town, or county) (State): Baltimore Md.

24. REC'D BY REGISTRAR DATE: FEB 8 1956

REGISTRAR'S SIGNATURE: L. M. Joyce

25. FUNERAL DIRECTOR'S SIGNATURE: Geo. E. Kelson

ADDRESS: 1348 N. Calhoun St

1

INSTRUCTIONS

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01275

1300

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY a. a. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS a. a. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY a. a.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater

STREET ADDRESS (If rural give location) Southdown Shores

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) Melville (Last) AITCHISON

4. DATE OF DEATH (Month) 2 (Day) 2 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (How long?)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 14, 1887	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil Engineer	Dept. of Army	Oil City, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Aitchison	Adelaide (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
YES Discharged 8/22/1919		Mrs. Janet N. Aitchison, Wife

18. MEDICAL CERTIFICATION Edgewater, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
430.0 IMMEDIATE CAUSE	(A) Pulmonary Congestion	3-4 HRS
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Acute Bacterial Endocarditis	11 DAYS.
	DUE TO (C) HEMOLYTIC STAPHylococcus AUREUS	11 DAYS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 19 56, to 2/2, 19 56, that I last saw the deceased alive on 2/2, 19 56, and that death occurred at 11:07 M, from the causes and on the date stated above.

SIGNATURE Edward A Buck M.D. ADDRESS (Street, city, town, state) 4 Southgate Ave Annapolis DATE SIGNED 2/2/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/6/1956	Arlington Nat'l. Cem.	Arlington, Va.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb. 6, 1956	[illegible]	Joseph Gawler's Sons	1756 Pa. Ave., N.W. Wash., D.C.

1

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V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01276

CERTIFICATE OF DEATH

Item 8, FilmG194 3-13-56 et

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville

LENGTH OF STAY (in this place) 2mos.14days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover

STREET ADDRESS (If rural give location) None listed

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maggie		Armwood	2	28	1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Married	~~Not given~~ MAR 12-1898	? 58? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Not known	- - -	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley Maddox	Mirrhia Maddox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
~~Unk.~~ No ~~unk.~~	219-01-5675	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443X	IMMEDIATE CAUSE	(A) Hypertensive Cardiovascular Disease since ~~12/14/55~~	Known to us
	ANTECEDENT CAUSE(S) DUE TO	(B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - -	- - -	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
		- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
- - -		- - -

22. I hereby certify that I attended the deceased from 12/14, 19 55, to 2/28, 19 56, that I last saw the deceased alive on 2/28, 19 56, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

SIGNATURE Hildegarde Heard Reissner M.D. ADDRESS (Street, city, town, state) Crownsville, Md. DATE SIGNED 2/28/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3/2/56	Hestover Cemetery	Hestover Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE MAR 5 1956	L. M. Sayers	Charles H Ward Marcos Md

1301

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01277 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1108 Eastport Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 1108 Eastport Terrace

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) (Last) ATHANAS

4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 14 19 56

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 1, 1909

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Lunch Room

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 219-16-0684

17. INFORMANT & ADDRESS: Violet Athanas- Wife- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Disease — DUE TO — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Annapolis (County) Anne Arundel (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) February 14, 56 a.m.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Natural causes

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Elmer G. Linthicum M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Feb. 14, 56

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF Feb. 17, 56

NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery

LOCATION (City, town, or county) Glen Burnie, Maryland (State)

DATE REC'D BY LOCAL REG. Feb. 15, 1956

REGISTRAR'S SIGNATURE J. E. Bond

24. FUNERAL DIRECTOR Hopping and Kirkley Funeral Home

ADDRESS Glen Burnie, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01279

CERTIFICATE OF DEATH

13-2

Reg. Dist. No. 21

1. PLACE OF DEATH
a. COUNTY: Anne Arundel — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Anne Arundel General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Anne Arundel
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
d. STREET ADDRESS: 1105 Poplar Street
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First HOWARD — Middle OWEN — Last BASSFORD

4. DATE OF DEATH: Month FEBRUARY — Day 22 — Year 19 56

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: May 5, 1901

9. AGE (In years last birthday): 54 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mach.

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov.

11. BIRTHPLACE (State or foreign country): Harwood, Anne Arundel, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Bassford

14. MOTHER'S MAIDEN NAME: Mammie Asquith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT — Address: Mrs Ottie Worley Bassford, Wife- Same as # 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 3 months
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b):
DUE TO
(c):

1597

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. / p. m. — Month, Day, Year 19

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Dec. 6, 1954, to Feb. 22, 1956, that I last saw the deceased alive on Feb. 22, 1956, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: James R. Martin M.D. — ADDRESS (Street, city or town, state): Annapolis, Md. — DATE SIGNED: 2/24/56

PHYSICIAN'S NAME (Type): Dr. James Martin

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: Feb. 25, 1956

22c. NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery

22d. LOCATION (City, town, or county) (State): Annapolis, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE: Hopping Funeral Home — ADDRESS: ANNAPOLIS, MARYLAND

24a. REC'D BY REGISTRAR DATE: 2-24-56

24b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
1SM 9/SS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01280

1337 **CERTIFICATE OF DEATH**

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena — LENGTH OF STAY (In this place) —

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mill Rd. @ O. Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena

STREET ADDRESS (If rural give location) Mill Rd. @ O. Annapolis Blvd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Benton

4. DATE OF DEATH (Month) Feb. (Day) 7 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 22 1877	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer (ret.)	Co. Road Comm.	Harford Co, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Benton	Martha Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	[redacted]	Mrs. Viva M. Holland 527 Third Ave. Balto 25, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 6 yrs.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1956, to Feb. 7, 1956, that I last saw the deceased alive on Feb. 4, 1956, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

SIGNATURE R. M. McLaughlin M.D. — **ADDRESS** (Street, city, town, state) RFD 6 Box 392 Pasadena Md. — **DATE SIGNED** Feb 8 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 10/56	Meadowridge Memorial Pk.	Howard Co. Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb-11, 1956	L. J. D'Alba	H. Leigh Allen	Glen Burnie, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01281

1393 **CERTIFICATE OF DEATH**

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) (Last) Blunt

4. DATE OF DEATH (Month) Feb (Day) 14 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Married	Dec 1 1883	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor	Hauling	Churchton Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Blunt	Alice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	~~213-34-7275~~	Alma Blunt, Churchton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

471X IMMEDIATE CAUSE (A) Atypical acute pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26-55 to 2-14-56, that I last saw the deceased alive on 2-14-56, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE Wm T. Allen M.D. **ADDRESS** (Street, city, town, state) 6 E Catherine **DATE SIGNED** 3-2-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 17 1956	Franklin	Churchton Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE MAR 5 1956	Wm J. Frenchy	Bernard Hardesty Lakeville Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

1338 **CERTIFICATE OF DEATH**

01282

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 f. 11th Ave., S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie

STREET ADDRESS (If rural, give location) 100 Fourth Ave., S.E.

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) Louise (Last) BROMWELL

4. DATE OF DEATH (Month) FEB (Day) 1 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W		28 Nov. 87	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework (Ret.)	Own Home	U.S. Virginia	U.S.A.

13. FATHER'S NAME Brewer

14. MOTHER'S MAIDEN NAME Virginia Sparks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Mrs. [illegible] Glen Burnie

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARDIAC DECOMPENSATION

ANTECEDENT CAUSE(S) DUE TO (B) HYPERTENSIVE CARDIO-VASCULAR DISEASE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 6 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1950, to 2/1, 1956, that I last saw the deceased alive on 1/31, 1956, and that death occurred at 7 A M, from the causes and on the date stated above.

SIGNATURE Bartley L. Jones M.D. ADDRESS (Street, city, town, state) Glen Burnie Md. DATE SIGNED 2/1/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 4 56	London Park	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feb 7. 1956	L. J. D'Alba	[illegible]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01283

1839 CERTIFICATE OF DEATH

Reg. Dist. No. 2D

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Riva

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riva X

STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print) (First) RANDALL (Middle) A (Last) BUTLER

4. DATE OF DEATH (Month) FEBRUARY (Day) 4 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Male	White	Married	April 5, 1874	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own farm	Davidsonville, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Butler	Jeanette A. Starlings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Mrs Addie Butler- Wife- same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSE(S) DUE TO (B) & hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not white at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 19 56, to Feb 4, 19 56, that I last saw the deceased alive on Feb 2, 19 56, and that death occurred at 9:07 M, from the causes and on the date stated above.

SIGNATURE S Bowsmith M.D. **ADDRESS** (Street, city, town, state) Annapolis Md **DATE SIGNED** 2/6/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 7, 56	Cedar Hill Cemetery	Anne Arundel County, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2-6-56	Edward Collinson	HOPKINS FUNERAL HOME	ANNAPOLIS, MD.

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1394

CERTIFICATE OF DEATH

01284

Reg. Dist. No. 2

1. PLACE OF DEATH
a. COUNTY: ANNE ARUNDEL — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ANNAPOLIS
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: A. A. GENERAL Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MARYLAND
b. COUNTY: A. A. Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ANNAPOLIS. MD.
d. STREET ADDRESS: BURUSIDE St.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☑

3. NAME OF DECEASED (Type or print): First ELLSWORTH Middle C. Last BURT

4. DATE OF DEATH: Month 2 Day 20 Year 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-22-1880
9. AGE (In years last birthday): 75 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIFE INSURANCE
10b. KIND OF BUSINESS OR INDUSTRY: SALESMAN
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) Span-American
16. SOCIAL SECURITY NO.
17. INFORMANT: Address: Edith B. Burt — BURUSIDE St. Ann 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b): arteriosclerotic cardiovascular
DUE TO
(c): disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month Day Year 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Jan 20, 19 50, to Feb 20, 19 56, that I last saw the deceased alive on Feb 20, 19 56, and that death occurred at 4:18 P.M., from the causes and on the date stated above.

ADDRESS (Street, city or town, state) 42215 DATE SIGNED

ACTUAL SIGNATURE: S Borssuk M.D. Annapolis Md

PHYSICIAN'S NAME (Type): S. Borssuk

22a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
22b. DATE THEREOF: 2/23/56
22c. NAME OF CEMETERY OR CREMATORY: CEDAR Bluff
22d. LOCATION (City, town, or county) (State): ANNAPOLIS MARYLAND

23. FUNERAL DIRECTOR'S SIGNATURE: John M. Tyler & Sons
ADDRESS: ANNAPOLIS, MD.
24a. REC'D BY REGISTRAR DATE 2/23/1956
24b. REGISTRAR'S SIGNATURE: [illegible] O'Donnell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01285

1340 CERTIFICATE OF DEATH

Reg. Dist. No. 26

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH
COUNTY: A. A. — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bristol
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bristol
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Butler

4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1956

5. SEX: male — **6. COLOR OR RACE:** Colored — **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): widower — **8. DATE OF BIRTH:** May — **9. AGE** last birthday: 91 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — **10b. KIND OF BUSINESS OR INDUSTRY:** — **11. BIRTHPLACE** (State or foreign country): Bristol — **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: Richard Butler — **14. MOTHER'S MAIDEN NAME:** Jane Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — **16. SOCIAL SECURITY NO.** — **17. INFORMANT & ADDRESS:** Howard Butler

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Arteriosclerotic C.V. Disease

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — **21b. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.) — **21c. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ — **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 1 Feb, 1956, to 16 Feb, 1956, that I last saw the deceased alive on 14 Feb, 1956, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE R B Jason M. D. — **ADDRESS** (Street, city, town, state) Upper Marlboro Md — **DATE SIGNED** Feb 16 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — **DATE THEREOF:** Feb 20/56 — **NAME OF CEMETERY OR CREMATORY:** Moses — **LOCATION** (City, town, or county): Drum — (State) Md

24. REC'D BY REGISTRAR DATE FEB 27 1956 — **REGISTRAR'S SIGNATURE:** Ida Belle Dent — **25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS:** Annie A. Johnson, Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1395 **CERTIFICATE OF DEATH** 01286

Reg. Dist. No. 21

1. PLACE OF DEATH
a. COUNTY: A. A. Co. — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Anne Arundel Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: A. A. Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town):
d. STREET ADDRESS: Annapolis, Md.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Elmira — Middle: — Last: Campbell

4. DATE OF DEATH: Month: 2 — Day: 24 — Year: 1956

5. SEX: Female — 6. COLOR OR RACE: Colored — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ — 8. DATE OF BIRTH: 4-22-1875 — 9. AGE (In years last birthday): 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Pindell — 14. MOTHER'S MAIDEN NAME: Miriah Ennis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Frank Peters - 7 Carole St. Annapolis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a): Uremia Coma — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO (b): Hypertensive Cardio-Vascular Disease — 15 days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (c): Bx

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour, a. m. / p. m., Month, Day, Year 19 — 20d. INJURY OCCURRED: While at work ☐ Not while at work ☐ — 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 2/9/56, 19____, to 2/23/56, 19____, that I last saw the deceased alive on 2/23/56 19____, and that death occurred at 3 A. M, from the causes and on the date stated above.

ACTUAL SIGNATURE: Gordon H. Johnson M.D. — ADDRESS (Street, city or town, state): 37 Calvert Street, Annapolis Md. — DATE SIGNED: 2/25/56

PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 22b. DATE THEREOF: 2-26-56 — 22c. NAME OF CEMETERY OR CREMATORY: Fowlers — 22d. LOCATION (City, town, or county) (State): Beat Gate Md

23. FUNERAL DIRECTOR'S SIGNATURE: William Rees — ADDRESS: 108 W. Wash. St. Annapolis Md. — 24a. REC'D BY REGISTRAR DATE: 2-24-56 — 24b. REGISTRAR'S SIGNATURE: H. Council

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
1SM 9/55

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC Y-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1396 CERTIFICATE OF DEATH

01287

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A. A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis — LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 501 Monterey Ave

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) Scott (Last) CLEVENGER

4. DATE OF DEATH (Month) 2 (Day) 18 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-18-1891	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Engineer Rd	U.S. Naval Academy	Taylor Pa.	U.S.A.

13. FATHER'S NAME James Clevenger

14. MOTHER'S MAIDEN NAME Clara Donaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Elizabeth G. Clevenger

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — 2 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17-1956, to 2-18-1956, that I last saw the deceased alive on 2-17-1956, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE James A. Watts M.D. ADDRESS (Street, city, town, state) Annapolis DATE SIGNED 2/18/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2-19-56		Baker Darby Pa.

24. REC'D BY REGISTRAR DATE Feb. 20 1956	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE John M. Lafferty Sons	ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01288

1341 CERTIFICATE OF DEATH

Reg. Dist. No. 28 28

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filed in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: old Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

STREET ADDRESS (If rural give location): Old Annapolis Rd.

3. NAME OF DECEASED (Type or Print): (First) LEONARD (Middle) W (Last) COALE

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 8 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Male	White	Widowed	May 31, 1868	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own Farm	Anne Arundel County, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	none	Robert Coale- Son same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 IMMEDIATE CAUSE (A) Hypertensive Cardio-Vascular Disease — 11 Years

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 19 55, to Feb 8, 19 56, that I last saw the deceased alive on Feb 6, 19 56, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE Edward J Ohnmett M.D. ADDRESS (Street, city, town, state) Crownsville Md DATE SIGNED 2-9-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-11-56	Hillcrest Memorial Cemet	Annapolis, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2-11-56		HOPPING FUNERAL HOME ANNAPOLIS, MD.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0128?

1342

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort G.G. Meade, Md.

LENGTH OF STAY (in this place): 5 Months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Kentucky — COUNTY: Hardin

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cecilia

STREET ADDRESS (If rural give location): Route #2 Box 90

3. NAME OF DECEASED (Type or Print): (First) SHARON (Middle) KAY (Last) CONNER

4. DATE OF DEATH (Month) (Day) (Year): February 13 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	single	9 February 1956	yrs.		4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Delmar Ried Conner

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Basham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mother: R 1 Box 2, Fairfield, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cerebral hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Prematurity (40 weeks)

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work [ ] Not while at work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 13 Feb, 19 56, and that death occurred at 105 AM, from the causes and on the date stated above.

SIGNATURE Said H. Tarabishy, M.D. — ADDRESS (Street, city, town, state): Fort G. G. Meade, Md. — DATE SIGNED: 13 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	17-56	---	Virginia. Timberridge

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 13 Feb 56	WILLIAM L. SAYLOR, 1ST LT MSC		

MARYLAND STATE DEPARTMENT OF HEALTH

01290

1343

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY A. A. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn Grove Road — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Date

4. DATE OF DEATH: (Month) 2 — (Day) 1 — (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out all but one): Single

8. DATE OF BIRTH: May 25th 1903

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): West Field N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Date

14. MOTHER'S MAIDEN NAME: Agnes Riomenbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: yes World War I Army

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Douglas E. Date 213 Hale Terrace Orange N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Archway — (CITY OR TOWN) U.A.C. — (COUNTY) — (STATE) Md.

TIME OF INJURY (Month) 2 (Day) 1 (Year) 56 (Hour) 8 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Garden Hose Connected to Exhaust

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Annapolis Md. DATE SIGNED 2/2/56

23. BURIAL, CREMATION OR REMOVAL (Specify) Cremation — DATE THEREOF 2-3-56 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town or county) Prince Geo Co. — (State) Md.

DATE REC'D BY LOCAL REG. Feb. 3, 1956 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR John M. Taylor Sons — ADDRESS Annapolis Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, file third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01291

1397 CERTIFICATE OF DEATH

Reg. Dist. No. 21

Items 13,14 FilmG194 3-23-56 et

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Shady Side
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Davis

4. DATE OF DEATH: (Month) Feb (Day) 29 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	C		June 1 1882	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Maid	Domestic		U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized Arteriosclerosis — 7 years
DUE TO (C) Beri Beri Heart Disease ? — 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Urinary tract infection — 3 2 weeks; Congestive Failure

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 56, to Feb, 19 56, that I last saw the deceased alive on 2/25, 19 56, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE J. E. Strudwick M.D. — **ADDRESS** (Street, city, town, state) Shady Side Maryland — **DATE SIGNED** 3/2/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/3/56	Elms	West River Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Mar. 5, 1956	[signature]	Burnett Hardesty	Edgewater Md

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01292

1348 # CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton Rural

STREET ADDRESS (If rural give location) Broadwater

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) Maude (Last) Donaldson

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	Aug 22, 1875	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hoover	unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Harry E. Donaldson, Churchton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

71X IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Bronchial asthma (history) — yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized — yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office, bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6/56, to 2/6/56, that I last saw the deceased alive on 2/6/56, and that death occurred at 11:24 M, from the causes and on the date stated above.

SIGNATURE Frank M Hartley M.D. ADDRESS (Street, city, town, state) Annapolis, Md. DATE SIGNED 2/6/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-9-56	Cedar Hill Cemetery	Suitland, Maryland.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	Wm J French	H. W. Chambers Co. Washington, D.C. + Maryland

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01293

1379 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: A. A. Co. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Annapolis General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pasadena

STREET ADDRESS (If rural give location): Mt. Pleasant Beach

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) W (Last) Ehlers

4. DATE OF DEATH: (Month) Feb. (Day) 15, (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	April 4, 1906	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber	Self Emp.	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L. Wilmer Ehlers	Annie Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—		Mrs. Hattie Ehlers-Mt. Pleasant Beach

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Lobar pneumonia R M L. — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Delerium Tremens — 18 hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
—		—

22. I hereby certify that I attended the deceased from 2/13/56, 19 52, to 2/15/56, 19 56, that I last saw the deceased alive on 2/15/56, and that death occurred at 4P M, from the causes and on the date stated above.

SIGNATURE: Frank M Shipley M. D. — ADDRESS (Street, city, town, state): Annapolis, Md — DATE SIGNED: 2/15/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/18/56	Loudon Park Cem.	Balto., Md.

24. REC'D BY REGISTRAR DATE FEB	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	Wm. J. French	Wm. J. Tichenor & Sons - Balto. 17th

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01294

1310 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis.
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ann Arundel Gen

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Old mill Rd a.a.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Severna Park~~
STREET ADDRESS (If rural, give location) Arnold. Md

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) EMMA (Last) Fishpaw.

4. DATE OF DEATH (Month) Feb (Day) 14 (Year) 19 1956

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ~~WIDOWED~~

8. DATE OF BIRTH Aug 3, 1875

9. AGE last birthday 80 yrs.

IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Woodlawn Bo. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Luther Jones

14. MOTHER'S MAIDEN NAME Martha Ann Remmey.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Arnold. MD, Charles Fishpaw,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 IMMEDIATE CAUSE (A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B) 2 Myocardial Infarction

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) 3 Arteriosclerosis Generalized

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9 19 56 to 14 Feb 19 56 that I last saw the deceased alive on 14 Feb 19 56, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

SIGNATURE R. Adam M.D. **ADDRESS** (Street, city, town, state) Severna Park Md **DATE SIGNED** 14 Feb 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-17-56	Glen Haven Memorial	Glen Burnie Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Feb 15, 1956	[signature]	John M. Taylor Sons	Annapolis Md

1344

01295

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arnold
LENGTH OF STAY (in this place): Few seconds
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Intersection of Wichester Rd. and Ritchie Highway.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: A.A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: P.O.Annapolis
STREET ADDRESS (If rural, give location): Winchester on the Severn

3. NAME OF DECEASED: (Type or Print) (First) Susan Carolyn (Middle) (Last) Goodale

4. DATE OF DEATH (Month) (Day) (Year): February 13 19 56

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/22/48

9. AGE last birthday: 7 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pupil in el mentary school

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): East Orange N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur W.Goodale

14. MOTHER'S MAIDEN NAME: Winifred Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Arthur W. Goodale (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO: Crushed skull — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Fractures of both shoulders — Sudden

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY: Route 2

21c. (City or town) Arnold **(County)** Anne Arundel **(State)** Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: 2/13/56 8.55 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Collision with a milk truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Theodore A. Faulenbach M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2/13/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 16, 56

NAME OF CEMETERY OR CREMATORY: Noughright Cemetery

LOCATION (City, town, or county) (State): Noughright, N.J.

DATE REC'D BY LOCAL REG.: Feb. 15, 1956

REGISTRAR'S SIGNATURE: H. O. Brunel

24. FUNERAL DIRECTOR: Hopping Funeral Home

ADDRESS: Annapolis, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01296

1311 CERTIFICATE OF DEATH

Reg. Dist. No.. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital, Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural

STREET ADDRESS (If rural give location) Rt.2 Box 122 Edgewater, Maryland

3. NAME OF (Type or Print) (First) Michael (Middle) Thomas (Last) GOODRUM

4. DATE OF DEATH (Month) (Day) (Year) February 5 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	N		28 November 1955	yrs.	2	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Adell Robert Lee Goodrum	Mazie Quick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		U.S.Naval Hospital, Annapolis, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, interstitial acute #763

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE D.D INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5- 1956, to 2-5- 1956, that I last saw the deceased alive on 2-5- 1956, and that death occurred at 9:05 A.M., from the causes and on the date stated above.

SIGNATURE E.R. PETERS LCDR MC USN M.D.

ADDRESS (Street, city, town, state) U.S.Naval Hospital, Annapolis, Md.

DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-7-56	Brewer Hill	Annapolis, Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Feb. 7, 1956	[signature]	William Reese & Annapolis, Md

2051235312

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01297

1345 CERTIFICATE OF DEATH

Reg. Dist. No. ~~201~~ 20

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BROOKLYN PARK
LENGTH OF STAY (in this place): 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 13 W. 2ND AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: KENT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): STILL POND
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First) ALETHIA (Middle) — (Last) GOSMAN

4. DATE OF DEATH (Month) FEB. (Day) 28 (Year) 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): WIDOW
8. DATE OF BIRTH: MAY 10, 1864
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN CAMPBELL
14. MOTHER'S MAIDEN NAME: ELLEN MURRAY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MAUDE BANNING BROOKLYN PK.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Senility — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
ANTECEDENT CAUSE(S) DUE TO (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Feb. 28, 1956, that I last saw the deceased alive on Feb. 27, 1956, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] M.D.
ADDRESS (Street, city, town, state): 4609 Gov. Ritchie Hwy Balto 25 Md
DATE SIGNED: 2-28-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: MAR. 3, 1956
NAME OF CEMETERY OR CREMATORY: I. U. CEMETERY
LOCATION (City, town, or county): WORTON (State) MD.

24. REC'D BY REGISTRAR DATE: 2/29/56
REGISTRAR'S SIGNATURE: ~~E. Kavanaugh Jones~~ Ida Whitson
25. FUNERAL DIRECTOR'S SIGNATURE: Victor N. Kennedy
ADDRESS: STILL POND, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

02456

1346

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

Item 11, FilmG194 3-22-56 et

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chrisfield
STREET ADDRESS (If rural, give location) 217 Tyler Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Grant

4. DATE OF DEATH: (Month) February (Day) 28 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/16/1908

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Grant, Sr.

14. MOTHER'S MAIDEN NAME: Annie Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardia vascular heart disease with Nephritis	2 years
	(c) Pulmonary Bilateral Tuberculosis	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1956, to 2/28, 1956, that I last saw the deceased alive on 2/28, 1956, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE: Robert B. Taylor (Degree or title) ADDRESS Maryland House of Correction DATE SIGNED 2/28/56

Robert B. Taylor, M.D. Physician in Charge, Jessups, Maryland.

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) Embalmed stored | DATE THEREOF 3/2/56 | NAME OF ~~CEMETERY OR CREMATORY~~ Univ of Md. Med. School | LOCATION (City, ~~town~~, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG.: | REGISTRAR'S SIGNATURE: | 24. FUNERAL DIRECTOR: | ADDRESS:

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1312 CERTIFICATE OF DEATH

01298

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY A A. — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A A. General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Margarets
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) Albert (Last) Green

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec 14-1879	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Truck	West Va	U.S.A.

13. FATHER'S NAME James Green
14. MOTHER'S MAIDEN NAME Martha Potuck
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS Hattie B Green (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pulmonary embolism Lac.	1 Days
ANTECEDENT CAUSE(S) DUE TO	(B) Mural thrombi	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Rheumatic-Arteriosclerotic Heart D.	?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gastritis + anthracosis — yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to 2/4/, 1956, that I last saw the deceased alive on 2/4/, 1956, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE AND M.D. Frank M Shipley — ADDRESS (Street, city, town, state) Annapolis Md — DATE SIGNED 2/8/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-8-56	Lakmansville W. Va	Lakmansville W. Va

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Feb 6, 1956	J. C. Trunck	John M Shipley Sons	Annapolis Md

correct age

1347 MARYLAND STATE DEPARTMENT OF HEALTH

Item 18 Film G193 3-13-56 am

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01299

Reg. Dist. No. .....

THIS IS A PERMANENT RECORD.
PLEASE TYPEWITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of informa be carefully supplied. Physicians: please write the causes of death clearly and leg

1. NAME OF DECEASED (Type or Print): ALFRED B. HAUPT

2. DATE OF DEATH: 2-23-56

3. PLACE OF DEATH
A ~~Baltimore City~~, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anne [illegible] 7
c Length of stay in Baltimore: Yrs. Mos. Days

4 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 201 Tuscany Road Garden Apts.

5 SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Male	White	Married	Dec. 30, 1888	67				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Lawyer	U. S. Govt.	Md.	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Alfred Haupt	Eleonora Boucsein

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
yes — World War No. 1	none	Mrs. Emma J. Haupt - Garden Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A). Crushing injuries of head, chest and abdomen with traumatic evisceration of abdominal contents and brain.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	DID AUTOPSY? YES ☒ NO ☐

22 *I certify that I took charge of the remains described above, held an* Autopsy ☒, Inspection ☐, Inquiry ☐, and found that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐.

23A. SIGNATURE M.D. — 23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ — 23C DATE SIGNED: 2-24-56

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	2/25/56	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
February 25 1956	[illegible]	Wm. J. Pickrell & Sons - Balto 17

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01300

1348 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): x
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ENROUTE D.O.A. Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A. A. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pasadena
STREET ADDRESS (If rural give location): Railroad Ave.

3. NAME OF DECEASED (Type or Print) (First) Dora (Middle) (Last) Hayden

4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1956

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 4-10-02
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible] worker (F.T.)
10b. KIND OF BUSINESS OR INDUSTRY: Am. Blind Assc.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (unknown) Worley
14. MOTHER'S MAIDEN NAME: Gertrude (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT & ADDRESS: [illegible] Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Embolus, pulmonary, massive	few hours
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B)	post-operative complication, surgical	13 days
DUE TO	(C)	Old & recent injury, [illegible] meniscus, rt knee	15 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		Adiposity	

19a. DATE OF OPERATION: 1-23-56
19b. MAJOR FINDINGS OF OPERATION: old & recent injury, lateral meniscus, Right Knee
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT ☐ WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Riding bus
21c. WHERE DID INJURY OCCUR? (City or town) on bus, Pasadena (County) A.A. Co. (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-21-56 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Self-accidental, in kicking seat [illegible]

22. I hereby certify that I attended the deceased from Jan 22, 1956, to Feb 5, 1956, that I last saw the deceased alive on Jan 28, 1956, and that death occurred at ....M, from the causes and on the date stated above. 2-5-56

[redacted] Morton T. Waite M.D. ADDRESS (Street, city, town, state): Cathedral & Dean Sts. Annapolis Md. DATE [redacted]

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Feb. 9, 1956
NAME OF CEMETERY OR CREMATORY: Glen Haven
LOCATION (City, town, or county): Glen Burnie (State)

24. REC'D BY REGISTRAR DATE: Feb. 14 1956
REGISTRAR'S SIGNATURE: Anne J. French
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: Glen Burnie [illegible]

INSTRUCTIONS

TO ATTENDING PHYSICIAN [redacted]R HOSPITAL: The law requires that the death certificate [redacted] executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After the certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1349 CERTIFICATE OF DEATH

01301

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Annapolis Blvd N.W.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie
STREET ADDRESS (If rural give location) 208 Annapolis Blvd. N.W.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) ARTHUR (Last) Headley

4. DATE OF DEATH (Month) February (Day) 16 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	White	Married	Sept 9, 1875	80 yrs.	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Farm	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lyles Headley	Martha Van Landingham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	215-12-1487	Caroline E. Headley 208 Annapolis Blvd.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. IMMEDIATE CAUSE (A)	Respiratory Failure	2 hours
ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Generalized Carcinomatosis	1 yr.
DUE TO (C)	Prostatic Carcinoma	5 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	M/A/Nutrition	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov. 23 1951	Carcinoma Prostate	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
—	—	—

22. I hereby certify that I attended the deceased from 12/19 1950, to 2/16, 1956, that I last saw the deceased alive on 2/16, 1956, and that death occurred at 7:05 P.M., from the causes and on the date stated above.

SIGNATURE J. W. Richard M.D. ADDRESS (Street, city, town, state) Glen Burnie, Md. DATE SIGNED 2/16/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/20/56	Cedar Hill Cemetery	Baltimore 25, AA Co., Md.

24. RECD BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Feb 20, 1956	Harris J. Hollbrook	James A. Kirkley Hopping and Kirkley, Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01302

1359

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 406 Folsom St.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) S. (Last) Herzog

4. DATE OF DEATH: (Month) (Day) (Year) 2/25/56 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/17/70

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Meyers

14. MOTHER'S MAIDEN NAME: Anna Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - -

17. INFORMANT AND ADDRESS: Mrs. Emma Zalud Jessup, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Coma — 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocarditis - Endocarditis — Yrs +
(c) Secondary anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1956, to 2/25, 1956, that I last saw the deceased alive on 2/24, 1956, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

W B. Stewart MD — 314 Compiman Lane Md. — 2/27/56

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 2/29/56 — NAME OF CEMETERY OR CREMATORY: Baltimore Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: JOHN F. DENNY, INC. 715 Light St.

correct age

Item 18 Film G193 3-13-56 ams

1351 MARYLAND STATE DEPARTMENT OF HEALTH 01303

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

PLEASE TYPEWITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN. THIS IS A PERMANENT RECORD.
Every item of inform: be carefully supplied. Physicians: please write the causes of death clearly and legibly

1. NAME OF DECEASED (Type or Print): EDGAR QUINTIN HOLLOWAY
2. DATE OF DEATH: 2-23-56

3. PLACE OF DEATH: A. ~~Baltimore City,~~ Maryland — 3 mi. N. of Odenton Station on P.R.R.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anne Arundel County
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Delaware
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilmington
D. STREET ADDRESS (If rural, give location): 315 36th Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 16, 1896
9. AGE (In years last birthday): 60 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor Penna RR
10B. KIND OF BUSINESS OR INDUSTRY: RR
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin Holloway
14. MOTHER'S MAIDEN NAME: Emily Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mrs Margaret C. Holloway — ADDRESS: Wilm. Del 315 W. 36 St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Skull Fracture

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Contusion of brain
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20. AUTOPSY? YES [X] NO [ ]

22. *I certify that I took charge of the remains described above, held an* Autopsy [X], Inspection [ ], Inquiry [ ], and found that death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ].

23A. SIGNATURE: William V. Smith M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 2-24-56

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Feb. 24, 1956
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Wilmington Del.

DATE RECEIVED BY LOCAL REGISTRAR: 2/24/56
REGISTRAR'S SIGNATURE: A. H. Hedenrich
25. FUNERAL DIRECTOR: Albert J. McCrery
ADDRESS: 2700 Washington St. Wilmington Del.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01304

1352 CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort G.G. Meade, Md.

LENGTH OF STAY (In this place): 1½ yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort George G. Meade

STREET ADDRESS (If rural give location): A Co, 69th Sig Bn

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) M. (Last) HOLT

4. DATE OF DEATH: (Month) February (Day) 20 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	May 1, 1914	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U. S. Army	St. Marys County, Maryland	USA

13. FATHER'S NAME: Philip Holt

14. MOTHER'S MAIDEN NAME: Sarah Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	12 years	unknown	Violet Cooper 309 U Street, N. W. Washington, D. C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cardiac failure, acute left ventricular failure etiology undetermined.

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

INTERVAL BETWEEN ONSET AND DEATH: DOA

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work [ ] Not while at work [ ]	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Feb 56 to —, 19..., that I last saw the deceased alive on —, 19..., and that death occurred at 0350 A.M, from the causes and on the date stated above.

SIGNATURE AND TITLE OF M.D.: GENE D. TRETTIN, M.D.

ADDRESS (Street, city, town, state): Ft GG Meade, Md.

DATE SIGNED: 20 Feb 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial		Arlington National Cemetery	Arlington, Virginia

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
DATE 20 Feb 56	WILLIAM L. SAYLOR, IST LT, MSC	Phillips Funeral Home, Balto, Md

1313 01305

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 203 Severn Ave.

3. NAME OF DECEASED: (Type or Print) (First) CAROLYN (Middle) C (Last) HUGHES

4. DATE OF DEATH (Month) FEBRUARY (Day) 11 (Year) 19 56

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 23, 1877	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	Own Home	Winchester, A.A.Co.Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Winchester	Laura Winchester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
- - -	none	Mr John Hughes, Son same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) Annapolis	(County) Anne Arundel	(State) Maryband

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 11, 1956 12:45 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? Natural causes

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Elmer G. Linhardt M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Feb. 11, 56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 14, 56	St. Mary's Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 14, 1956	[signature]	Hopping Funeral Home	Annapolis, Md.

1353 01306

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 N. Elizabeth Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Pasadena
STREET ADDRESS (If rural give location) 5 N. Elizabeth Rd., RFD 6

3. NAME OF DECEASED: (Type or Print) (First) Clinton (Middle) Kemp (Last) Hurley

4. DATE OF DEATH (Month) 2 (Day) 23 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Oct. [illegible] 1912

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Ellicott City Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bernard Hurley

14. MOTHER'S MAIDEN NAME: Maude R. Hurley

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: X

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	Gunshot wound of Chest	
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 2/23/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 2 25 56 NAME OF CEMETERY OR CREMATORY [illegible] Memorial Pk LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Feb 23 1956 REGISTRAR'S SIGNATURE [illegible] Holsworth **24. FUNERAL DIRECTOR** Howard H. Hubbard ADDRESS 4107 [illegible] Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1354

01307 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thomas Boatyard

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Anne Arundel

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural, give location): Fourth Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) MARTIN (Last) INMAN

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	S	June 10, 1940	15 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	2nd High Schodl	Annapolis, Maryland	USA

13. FATHER'S NAME: Robert F. Inman Sr.

14. MOTHER'S MAIDEN NAME: Marie A. Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
- - -	- - - -	- - - - -	Mr Robert F. Inman Sr. Father same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

7748

Immediate cause (a) Drowning — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Boatyard	Annapolis	Anne Arundel	Maryland

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED: While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
	?		M.			While riding bike Accidentally drowned self.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: William Howard M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 2/9/56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 11, 56	Hillcrest Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-11-56	H. O. Brandt	HOPPING FUNERAL HOME	ANNAPOLIS, MD.

VS. A15A - 5 - 53 ah

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1308

1355 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Harmons
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dorsey Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmons
STREET ADDRESS (If rural give location) Dorsey Rd. Box 115 B.

3. NAME OF DECEASED: (Type or Print) (First) PINKEY (Middle) (Last) JACKSON

4. DATE OF DEATH: (Month) FEB. (Day) 12, (Year) 1956

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Jan. 25, 1860

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nelson Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME: James Brown

14. MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Bessie Mundell Box 115 B.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

493 X

IMMEDIATE CAUSE (A) Pneumonia DUE TO

ANTECEDENT CAUSE (B) Senile Debility DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 13, 1956 to Feb. 12, 1956, that I last saw the deceased alive on 2-12, 1956, and that death occurred at 7:30A M, from the causes and on the date stated above.

SIGNATURE Hope Woolridge M.D. ADDRESS Rt Box 212 Ellicott City Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Feb. 16, 1956

NAME OF CEMETERY OR CREMATORY Proffits

LOCATION (City, town, or county) Proffits (State) Va.

DATE REC'D BY LOCAL REGISTRAR 2-15-56

REGISTRAR'S SIGNATURE L

24. FUNERAL DIRECTOR Miss Hattie R. Williams ADDRESS 322 N. Schroeder St

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

0046

MARYLAND STATE DEPARTMENT OF HEALTH

01309

Item 18 Film G193 3-13-56 am

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

correct age

THIS IS A PERMANENT RECORD.
PLEASE TYPE WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of informal be carefully supplied. Physicians: please write the causes of death clearly and leg

1. NAME OF DECEASED (Type or Print): SIDNEY JACKSON

2. DATE OF DEATH: 2-23-56

3. PLACE OF DEATH: A. Baltimore City, Maryland Live on P.R.R. of Clinton Station

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home [illegible] county

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York City, N.Y.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New York City,
D. STREET ADDRESS (If rural, give location): 133 W. 116th Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Negro	Married		50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waiter		Mass.	U.S.A.

13. FATHER'S NAME: William Jackson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Extensive crushin injury of chest	
DUE TO	with massive bilateral hemothorax.	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Partial	

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY?
		Partial	Yes ☒ NO ☐

22. *I certify that I took charge of the remains described above, held an* Autopsy ☒, Inspection ☐, Inquiry ☐, and found that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐.

23A. SIGNATURE	M.D.	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
[signature]			2-24-56

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	3-1-56	Mt. Holiness Cem.	Butler, New Jersey.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
[illegible] 25 1956	R.H.C.	Wm. Frances T. Flanders	578W Biddle St.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1356 CERTIFICATE OF DEATH

01310

Reg. Dist. No. 25

1. PLACE OF DEATH

COUNTY: H H. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Brooklyn

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: H, 6th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: H H.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Brooklyn.

STREET ADDRESS (If rural give location): H, 16th Ave.

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) C. (Last) Jaeger

4. DATE OF DEATH (Month) (Day) (Year): 2/20 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	10/2/74	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H B. Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis

14. MOTHER'S MAIDEN NAME: Margaret Steinseth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.): (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cancer of the buccal cavity — INTERVAL BETWEEN ONSET AND DEATH: 9 mo.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B):

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1956, to Feb 20, 1956, that I last saw the deceased alive on Feb 20, 1956, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] M.D.

ADDRESS (Street, city, town, state): 1609 Gor Kitchel Ave

DATE SIGNED: 2-22-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/24/56	Holy Cross	Balto	

24. REC'D BY REGISTRAR — DATE: 2/24/56

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR'S SIGNATURE: [signature]

ADDRESS: [illegible]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 48 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1357 **CERTIFICATE OF DEATH**

01311

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place): 3yrs.8mos.20days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Calvert

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Island Creek

STREET ADDRESS (If rural give location): None listed

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) (Last) Jefferson

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Widowed	Not given	81? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None given	- - - -	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not given	Not given

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Pulmonary Tuberculosis — 2 years

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27, 19 52, to 2/16, 19 56, that I last saw the deceased alive on 2/16, 1956, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

SIGNATURE: (L. Benedict, M. D.) M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 2/17/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	2/19/56	Mt. Hope	Sunderland	Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feb. 1956	R. [illegible]	P. E. Sewell, Jr. Frederick Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01312

1314 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS — LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Bay Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY A.A. Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS

STREET ADDRESS (If rural give location) Bay Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Roy (Last) Johnson

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	MARRIED	8/24/1895	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MASTER AT ARMS	U.S. Gov't.	West Virginia	U.S.A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	World War I	—	Sophia A. M. Johnson #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 8 HOURS

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) ARTERIOSCLEROTIC HEART DISEASE — 10 YRS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1955, to 2/11 1956, that I last saw the deceased alive on 2/11 1956, and that death occurred at 9:45 P.M. from the causes and on the date stated above.

SIGNATURE Edward S Beck M.D. — ADDRESS (Street, city, town, state) 11 Southgate Ave Annapolis — DATE SIGNED 2-13-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2/14/56	CEDAR Bluff	ANNAPOLIS MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb. 17, 1956	J. O'Donnell	John M. Tyler & Sons	Annapolis Md.

1358

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01313

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN. Every item of information be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): THOMAS REED JOHNSON

2. DATE OF DEATH: 2-23-56

3. PLACE OF DEATH: A. Baltimore City, Maryland OR 3 miles n. Odenton Station

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anne Arundel County

C. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6,
D. STREET ADDRESS (If rural, give location): 1816 Ellinwood Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	July 28, 1921	34				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Project Mgr.	Glenn L. Martin Co.	Waverly, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wesley Johnson	Mary Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	W.W. 2	229-03-9716	Mrs. Thos. R. Johnson,	1816 Ellinwood Rd. Balto. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of the pelvis
Laceration of the buttocks with evisceration of abdominal contents

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

AUTOPSY? YES ☒ NO ☐

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-23-56 m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? Train derail Partial

22. *I certify that I took charge of the remains described above, held an* Autopsy ☒, Inspection ☐, Inquiry ☐, and found that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐.

23A. SIGNATURE: Wm. Hyatt M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 2-24-56

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	2/27/56	Parkwood Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE: Clara Tadlock

25 FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7401 Belair Rd.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this blank certificate assembly should be detached for use as a burial transit permit.

VS ADC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1359 CERTIFICATE OF DEATH

01314

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (In this place): 3mos. 27 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick

STREET ADDRESS (If rural give location): 302 Middle Alley

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Male	Negro	Married	9/5/81	74 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	— — — —	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stephen Brown	Mary Elliott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cerebro-vascular accident

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Syphilis

DUE TO (C):

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — — — — — — — — — —	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — — — — —	— — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — — — — — — M.		— — — — — — — — — —

22. I hereby certify that I attended the deceased from 10/5, 19 55, to 2/1, 19 56, that I last saw the deceased alive on 2/1, 19 56, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

SIGNATURE (L. Benedict, M. D.) M.D. — **ADDRESS** (Street, city, town, state): Crownsville, Md. — **DATE SIGNED**: 2/1/56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-7-56	Middle Town	Frederick Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2/4/56	L. M. Joyce	Charles E. Hicks III [illegible]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01315

1360 CERTIFICATE OF DEATH

Item 9, FilmG192 2-9-56 et

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Ft GG Meade

LENGTH OF STAY (in this place): 1 hour

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Army Hospital

2. USUAL RESIDENCE (Home of Decedent)

STATE: Illinois — COUNTY: Cook

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): LaGrange

STREET ADDRESS (If rural give location): 201 South Edgewood

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E. (Last) KINSEY

4. DATE OF DEATH (Month) (Day) (Year): February 1 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	31 October 1932	23 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	US Army	Washington	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Maurice Everett Kinsey	Francis Fuller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	since Sept 55	533-28-7350	Army Service records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Shock — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE(S) DUE TO (B): Nasopharyngel hemorrhage, cerebral injury — 1 hour

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C): Nasopharyngeal hemorrhage, cerebral injury

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	street	Route 301, Anne Arundel, Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work [ ] Not while at work [X]	21f. HOW DID INJURY OCCUR?
1500 Feb 1 56 M.		Bus accident

22. I hereby certify that I attended the deceased from 1 Feb 56, 19..., to 1 Feb 56, 19..., that I last saw the deceased alive on 1 Feb 56, 19..., and that death occurred at 3:55 PM from the causes and on the date stated above.

SIGNATURE: Charles Karpinski — CHARLES KARPINSKI M.D. — ADDRESS (Street, city, town, state): Fort GG Meade, Maryland — DATE SIGNED: 1 Feb 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-3-56		LaGrange, Illinois

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2 Feb 56	WILLIAM L. SAYLOR, 1/Lt, MSC	WM. COOK, INC., BALTO., MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1315 01316

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
a. COUNTY: A A — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: A A General

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Md. b. COUNTY: A A
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
d. STREET ADDRESS: McKendree Ave
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First THOMAS Middle H. Last KIRBY
4. DATE OF DEATH: Month 2 Day 28 Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-22-1891
9. AGE (In years last birthday): 64 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician Ret
10b. KIND OF BUSINESS OR INDUSTRY: U.S Naval Academy
11. BIRTHPLACE (State or foreign country): A A Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Floyd S. Kirby
14. MOTHER'S MAIDEN NAME: Sarah Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes World War I
16. SOCIAL SECURITY NO:
17. INFORMANT: Lucye C. Kirby — Address: (2)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO (b): Arteriosclerotic Heart Disease — unknown
DUE TO (c): with Congestive Failure

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

441X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour o. m. p. m. Month Day Year 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. I certify that I attended the deceased from 2/20 1956, to 2/28 1956, that I last saw the deceased alive on 2/28 1956, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Edward S Beck M.D. — ADDRESS (Street, city or town, state): 41 Southgate Ave — DATE SIGNED: 2/29/56

PHYSICIAN'S NAME (Type): EDWARD S. BECK — Annapolis, Md

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: 3-2-56
22c. NAME OF CEMETERY OR CREMATORY: Cedar Bluff
22d. LOCATION (City, town, or county) (State): Annapolis Md

23. FUNERAL DIRECTOR'S SIGNATURE: John M Taylor Sons — ADDRESS: Annapolis Md
24a. REC'D BY REGISTRAR DATE: Mar 1 '56
24b. REGISTRAR'S SIGNATURE: [signature]

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
15M 9/55

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01317

1316 CERTIFICATE OF DEATH

Reg. Dist. No. 21

Item 14, Film C193 2-24-56 et

1. PLACE OF DEATH

COUNTY A. A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George A.		Kirchner	Feb.	10,	1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	married	Jan. 29, 1886	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Marine Railway	Churchton, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George H. Kirchner	Maggie Joyce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	[redacted]	George Kirchner Jr. Churchton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
a. IMMEDIATE CAUSE	(A) Cerebral Vascular Accident	4 days
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Arteriosclerosis	yrs.
DUE TO	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17/, 1955, to 2/20/, 1956, that I last saw the deceased alive on 2/19/, 1956, and that death occurred at 4 A M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
M.D. Frank M. Stubbly	Annapolis Md	2/12/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or town, county) (State)
Burial	2/13/56	Woodfield	Gaithersville, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2/13/56	Thos. J. French	Bernard Hardesty	Hardesty Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01318

Items 1,12 F.1.c.(19) 3-16-56 et

1361 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
MARYLAND — LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 W. 7th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 411 S. Clinton St.

3. NAME OF DECEASED. (Type or Print) First: Elizebeth (Middle) (Last) Kunze

4. DATE OF DEATH: (Month) Feb. (Day) 25, (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Oct. 28, 1875

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS: Hours, Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Kraft

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Wm. Gallion 101 W. 7th St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO: Arteriosclerotic Cardiovascular Dis 10 yrs

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory or INJURY street, office bldg., etc.)

21C. WHERE D D INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1955 to Feb 25, 1956, that I last saw the deceased alive on 25 Feb, 1956, and that death occurred at 11:45 P.M. from the causes and on the date stated above.

SIGNATURE M. D. Lyman Burdam ADDRESS 5010 Liberty Hts DATE SIGNED 27 Feb 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2/28/56

NAME OF CEMETERY OR CREMATORY: Parkwood Cem

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: 2-27-56

REGISTRAR'S SIGNATURE: W. Hedges Dep

24. FUNERAL DIRECTOR: Paul A. Heemann

ADDRESS: 6067 Harford Rd.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1362 CERTIFICATE OF DEATH

01319

Reg. Dist. No. ....

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville

LENGTH OF STAY (in this place) 25 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A.A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 21 Washington Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Larkins

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Negro	single	Unknown	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	—	Maryland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dennis Larkins	Caroline Snowden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized and Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Senility

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Deficiency

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2-24, 1956, to 2-24, 1956, that I last saw the deceased alive on 2-24, 1956, and that death occurred at 5:00 P.M, from the causes and on the date stated above.

SIGNATURE Stanley C. Sargeant M.D. **ADDRESS** (Street, city, town, state) Crownsville, Md. **DATE SIGNED** 2-25-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/27/56	Brewer Hall	Annapolis Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	K. M. Joyce	J. P. Gilmore Annapolis

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01320

1317

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
a. COUNTY A. A. MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
c. LENGTH OF STAY IN 1b Life
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Md b. COUNTY A.A. Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
d. STREET ADDRESS 1972 West St.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print) First Wallace Middle Larkins Last
4. DATE OF DEATH Month Dec. Day 21 Year 1956
5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1893
9. AGE (In years last Birthday) 63 yrs.
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West River. A.A. Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dennis Larkins
14. MOTHER'S MAIDEN NAME Caroline Snowden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Henry Larkins Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 3rd degree-Burns-Entire body — INTERVAL BETWEEN ONSET AND DEATH Sudden
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) House Caught Ofire.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 2/21/56 19
20d. INJURY OCCURRED White at work ☐ Not white at work ☒
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) west Street
20f. (City or town) Annapolis (County) AA Co (State) MD

21. I certify that I attended the deceased from _____, 19____, to 2/21/56, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 A M, from the causes and on the date stated above.

ACTUAL SIGNATURE E. Linhardt M.D. ADDRESS (Street, city or town, state) Annapolis Maryland DATE SIGNED 2/22/56
PHYSICIAN'S NAME (Type) E. L. Linhardt.

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial
22b. DATE THEREOF Feb. 24/56
22c. NAME OF CEMETERY OR CREMATORY U.S. National
22d. LOCATION (City, town, or county) Annapolis (State) Md

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Annie A. Johnson, Annapolis, Md.
24a. REC'D BY REGISTRAR DATE 2/24/1956
24b. REGISTRAR'S SIGNATURE [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01321

1318

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
a. COUNTY: Anne Arundel — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
c. LENGTH OF STAY IN 1b: 2 days
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Anne Arundel General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission)
a. STATE: Maryland — b. COUNTY: Anne Arundel
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Jewell
d. STREET ADDRESS: RFD Dunkirk
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First CHRISTOPHER Middle COLUMBUS Last LEITCH

4. DATE OF DEATH: Month February Day 25 Year 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 28, 1881
9. AGE (In years last birthday): 74 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christopher C. Leitch
14. MOTHER'S MAIDEN NAME: Josephine Wach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): - - - - (If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO: ?
17. INFORMANT — Address: Mrs Lois Leitch - same as # 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Hypostatic Pneumonia Contributing Arteriosclerosis
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b): Arteriosclerosis Generalized
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs / 4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year — Hour o. m. p. m. — 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Feb 23, 19 56, to Feb 25, 19 56, that I last saw the deceased alive on 2/25, 19 56, and that death occurred at 4 A. M., from the causes and on the date stated above.

ACTUAL SIGNATURE: [signature] M.D.
ADDRESS (Street, city or town, state): Annapolis Maryland
DATE SIGNED
PHYSICIAN'S NAME (Type): Dr. Elmer G. Linhardt

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: Feb. 28, 56
22c. NAME OF CEMETERY OR CREMATORY: Friendship Cemetery
22d. LOCATION (City, town, or county) (State): Friendship, Anne Arundel, Md.

23. FUNERAL DIRECTOR'S SIGNATURE: [signature]
W.H. Hutchins
ADDRESS: Owings, Maryland
24a. REC'D BY REGISTRAR DATE: 2-27-56
24b. REGISTRAR'S SIGNATURE: [signature]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01322

1363 CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Glen Burnie; LENGTH OF STAY (in this place) 12 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS box 426A-Rt 2 Glen Burnie, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Lee; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rose Hill; STREET ADDRESS (If rural give location) no street address

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) SUE (Last) LOVEINS

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: 2 May 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME: Thomas Rosenbalm

14. MOTHER'S MAIDEN NAME: Sarah Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Son - James Lovens - Same address

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331 x Immediate cause	(a) Cerebral Vascular accident	30 yrs
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertension	1 yr
DUE TO		
	(c) Arteriosclerosis	10 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	—

19a. DATE OF OPERATION: Sept 1954

19b. MAJOR FINDINGS OF OPERATION: Cataract removals

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Feb, 1956, to 14 Feb, 1956, that I last saw the deceased alive on 13 Feb, 1956, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE H. F. Manzak M. D. (Degree or title) ADDRESS Eastway & Edgely Rd - Glen Burnie, Md DATE SIGNED 13 Feb 1956

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Feb. 17, 1956; NAME OF CEMETERY OR CREMATORY Lovens Family Cemetery; LOCATION (City, town, or county) Rose Hill, Lee Co.; (State) Virginia

DATE REC'D BY LOCAL REGISTRAR Feb 15, 1956; REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR R. P. Singleton; ADDRESS Glen Burnie, Md.

Patient previously treated by Dr Jos. Lipsky of Glen Burnie.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15M 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1319 CERTIFICATE OF DEATH

01323

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY A.A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A.[illegible]polis

LENGTH OF STAY (In this place) 1 hour

HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. [illegible] Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A.A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena, Md.

STREET ADDRESS R.D 5 (If rural give location) Box 401 Pike Glen, Pasadena, Md.

3. NAME OF DECEASED (Type or Print) (First) F. Belle (Middle) Margaret (Last) MANK

4. DATE OF DEATH (Month) Feb. (Day) 29 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	Married	[illegible]	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Will	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	[illegible]	[illegible] R.D 5 Box 401 George E. Mank Pasadena, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE(S) DUE TO (B) Hypertension — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes mellitus — 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan. 20, 19 52, to Feb. 29, 19 56, that I last saw the deceased alive on Feb. 29, 19 56, and that death occurred at 10:10 M, from the causes and on the date stated above.

SIGNATURE		ADDRESS (Street, city, town, state)	DATE SIGNED
K. M. McLaughlin	M.D.	R.F.D 5 Box 445 Pasadena Md	Feb 29, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/1/56	Glen Haven	A.A.Co. Md.

24. RECD BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
MAR 6 1956	Wm. J. Frenchs	George J. Gower	4001 Patapsco Hgwy

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1364

CERTIFICATE OF DEATH

01324

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover - Md.; LENGTH OF STAY (in this place) 20 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover - Md.; STREET ADDRESS (If rural give location) Stony Run Road

3. NAME OF DECEASED (Type or Print): (First) ULA (Middle) ANN (Last) MARSHALL

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 19 57

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 17 78

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lancaster - Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bauer

14. MOTHER'S MAIDEN NAME: Rickenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Margaret Cosens (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MYOCARDIAL INFARCTION — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) ARTERIOSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Feb 25 '57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 28 '57 — NAME OF CEMETERY OR CREMATORY Loudon Park Nat. Cem. — LOCATION (City, town, or county) Frederick Rd. — (State) Md.

DATE REC'D BY LOCAL REG. 2-27-57 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Gertrude Peay — ADDRESS 5646 Carrollton Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01325

1365 CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pasadena - Rt. 1 Box 170
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Long Point

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pasadena - Rt. Box 170
STREET ADDRESS (If rural give location): Long Point

3. NAME OF DECEASED (Type or Print) (First) Diana (Middle) Elizabeth (Last) McCauley

4. DATE OF DEATH (Month) February (Day) 1, (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: January 30, 1956
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months / Days 2 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pasadena Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Cecil McCauley
14. MOTHER'S MAIDEN NAME: Christine Stone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT & ADDRESS: Cecil McCauley Pasadena Md.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
774X	IMMEDIATE CAUSE (A)	Pulmonary Hyaline Membrane Disease	12 hrs
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Prematurity	36 hrs.
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Jan, 1956, to Feb 1, 1956, that I last saw the deceased alive on 1 Feb 56, 1956, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. — ADDRESS (Street, city, town, state): [illegible] — DATE SIGNED: 2 Feb 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Feb. 3 1956
NAME OF CEMETERY OR CREMATORY: Glen Haven
LOCATION (City, town, or county) (State): Glen Burnie Md.

24. REC'D BY REGISTRAR DATE: Feb. 7, 1956
REGISTRAR'S SIGNATURE: L. J. Dealba
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: [illegible]

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hrs after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01326

1320 **CERTIFICATE OF DEATH**

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis,

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS DCA Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Herold Harbor

STREET ADDRESS (If rural give location) Crownsville Post Office

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) McGee — also George W. McGee Sr

George. W. McGee.

4. DATE OF DEATH (Month) 2 (Day) 26 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Male	White	Married	Dec. 22, 1894	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Quartman	U.S. Gov	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James G. McGee	~~Maxine Clayton~~ Alice Tudor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	no	213-10-6942	Mrs Myrtle M. McGee- Wife- same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)

IMMEDIATE CAUSE (A) Coronary Insuse — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 2/25 ....., 19 56 that I last saw the deceased alive on ....., 19....., and that death occurred at ..... A. M. from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street, city, town, state) [illegible] Md **DATE SIGNED** 2/25/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 28 56	Glen Haven Cemetery	Glen Burnie, Maryland

24. REC'D BY REGISTRAR DATE 2-28-56	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	[signature]	HOPPING FUNERAL HOME ANNAPOLIS, MD.

1321

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01327 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Box 161 RFD 4 Annapolis
STREET ADDRESS (If rural, give location) Winchester on the Severn

3. NAME OF DECEASED: (Type or Print) (First) SUELLEN (Middle) McGILLIVRAY (Last)

4. DATE OF DEATH (Month) February (Day) 13 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	August 12, 1948	7 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	2nd Grade	Baltimore, Maryland	USA

13. FATHER'S NAME: Archie McGillivray

14. MOTHER'S MAIDEN NAME: Iris Precourt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
- -	- - - - - -	- - - - - -	Mr. Harchie McGillivray-Father-same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Crushing injuries to chest and Skull fracture — INTERVAL BETWEEN ONSET AND DEATH 2 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street	21c. (City or town) (County) (State) Arnold, Anne Arundel Maryland
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-13-56 8:55 a.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? Auto and truck accident, on way to school

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Elmer G. Linhardt M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 2-13-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 15 1956	Hillcrest Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-14-56	[illegible]	HOPPING FUNERAL HOME	ANNAPOLIS, MD.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01328

1322

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (in this place) 4 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 1312 West St.

3. NAME OF DECEASED (Type or Print) — (First) Agnes — (Middle) — (Last) McGrath

4. DATE OF DEATH (Month) 2 (Day) 15 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Unknown 1882	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	at Home	Baltimore	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Cooney	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
✓	—	—	Mr. T. Leo Cooney 203 So. Gilmor St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 24 Hours

ANTECEDENT CAUSE(S) DUE TO (B) Cerebral Thrombosis — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19 55, to Feb. 15 19 56, that I last saw the deceased alive on Feb. 15, 19 56, and that death occurred at 11:10 A.M. from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward H. Beck M.D.	4 Southgate Ave Annapolis	2/15/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/17/56	New Cathedral Cem	4300 Old Frederick Rd

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
FEB 16 1956	Wm. J. French	John J. Cowan & Son	Collins Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01329

~~1323~~ CERTIFICATE OF DEATH

Reg. Dist. No. 21

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]

LENGTH OF STAY (in this place) 5 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville

STREET ADDRESS (If rural give location) 610 Severn

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year) 19
FREDERICK	HERMAN	MEGNCH	FEB.	21	1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	D	DEC 11, 1890	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	?	New Jersey	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREDERICK HERMAN MEGNCH	Lydia Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO		[redacted]	DAUGHTER - KATHLEEN - SAME

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis — 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19 55, to Feb. 20, 19 56, that I last saw the deceased alive on Feb. 17, 19 56, and that death occurred at 3 A.M, from the causes and on the date stated above. 2/20/56

SIGNATURE [illegible] M.D. — ADDRESS (Street, city, town, state) 76 Cathedral St, Annapolis, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-23-56	Columbus Cemetery	Columbus, N.J.

24. REC'D BY REGISTRAR DATE 2-21-56	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	[illegible]	HOPPING FUNERAL HOME, ANNAPOLIS, MD.

1366

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01330

Item 18 Film G193 3-13-56 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 22.

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): ALEXANDER NERO
2. DATE OF DEATH: 2-23-56
3. PLACE OF DEATH: A Baltimore City, Maryland — 3 mi. N. of Odenton Station on P.R.R.
B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anna Emma [illegible] X
c Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived before admission; if institution: residence before admission)
A STATE: ~~Maryland~~ New Jersey
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
D. STREET ADDRESS (If rural, give location): 1130 Deutz Avenue
5 SEX: Male
6 COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8 DATE OF BIRTH: 2/4/32
9. AGE (In year last birthday): 24 (23)
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TRENTON, N. J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ALEXANDER NERO
14. MOTHER'S MAIDEN NAME: SICHIK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ALEXANDER NERO ADDRESS 1130 DEUTZ AVE TRENTON, N.J.

ME. CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Extensive traumatic injuries of chest with crushing injury of chest
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Avulsion of right arm
DUE TO
(C) Multiple fractures involving the femur, left ulna and humerus.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Injury

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II.
19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Partial
20. AUTOPSY? YES [X] NO [ ]
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-23-56 0120 A.M.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy [X], Inspection [ ], Inquiry [ ], and found that death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ].

23A. SIGNATURE M.D.
23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 2-24-56

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 2/28/56
24C. NAME OF CEMETERY OR CREMATORY: ST. MARY'S GREEK CATHOLIC
24D. LOCATION (City, town, or county) (State): TRENTON, N.J.

DATE RECEIVED BY LOCAL REGISTRAR: FEB 28 1956
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: HOPPING & KIRKLEY ADDRESS: GLEN BURNIE, MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01331

1367 CERTIFICATE OF DEATH Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Arrundle MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn Md.
LENGTH OF STAY (in this place) 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route-2-Box-54 A.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Arrundle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn Md.
STREET ADDRESS (If rural give location) Route-2-Box-54 A.

3. NAME OF DECEASED: (Type or Print) (First) Rev. (Middle) John (Last) Oglesby

4. DATE OF DEATH: (Month) Feb-21- (Day) (Year) 1956

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Sept-7-1889
9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher
10B. KIND OF BUSINESS OR INDUSTRY: Gen. Building
11. BIRTHPLACE (State or foreign country) Carlie S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Oglesby
14. MOTHER'S MAIDEN NAME: Martha Oglesby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Bessie Oglesby Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion
DUE TO
ANTECEDENT CAUSE (B) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 4 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 None
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Octo, 1955 to Feb 20, 1956 that I last saw the deceased on Feb 20., 1956, and that death occurred at 11 P. M, from the causes and on the date stated above.
SIGNATURE E. Roderick Shipley M.D. ADDRESS 721 Medical Arts Bldg Baltimo DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-25-56
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR February 25 1956
REGISTRAR'S SIGNATURE R.C.

24. FUNERAL DIRECTOR Elroy E. Wilson ADDRESS 601 W. Hamburg St

VS. A11—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1368

CERTIFICATE OF DEATH

01332

Reg. Dist. No. 21

Items 11,12,10a, 13,14 FilmG193 2-27-56 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - LAKE SHORE
LENGTH OF STAY (in this place): 26 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MOUNTAIN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - LAKE SHORE
STREET ADDRESS (If rural give location): MOUNTAIN ROAD

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) JESSIMINE (Last) PHELPS

4. DATE OF DEATH: (Month) FEB. (Day) 17 (Year) 1956

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH:

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife-

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): A. A. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Joyce

14. MOTHER'S MAIDEN NAME: Edith J. Phumphrey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) ... CORONARY THROMBOSIS — IMMEDIATE
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE — 20 YEARS
DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. VIRUS PNEUMONIA — 2 WEEKS

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY ..., 1952, to FEB 17, 1956, that I last saw the deceased alive on FEB 14, 1956, and that death occurred at 5 20 P.M., from the causes and on the date stated above.

SIGNATURE: H. Brady Smith (Degree or title) M.D. — ADDRESS: Riviera Beach, Md. — DATE SIGNED: 2/17/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 20 1956 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county) (State): Anne Arundel Md.

DATE REC'D BY LOCAL REGISTRAR: Feb 20, 1956 — REGISTRAR'S SIGNATURE: A. M. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: C. Horace Ewell & Son Glen Burnie Md

VS. A15

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1324 CERTIFICATE OF DEATH

01333

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A. A. Co. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (in this place) 10

HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 Parole St 24

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY A. A. Co.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 32 Parole St

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Phillips

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Col.	Married	4-4-1898	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Phillips	Mary Louise Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No	212-14-0496	Eva Phillips - 32 Parole St. Ann. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332.1 IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-56, 19..., to 2-6-56, 19..., that I last saw the deceased alive on 2-5-56, 19..., and that death occurred at 3-15 M, from the causes and on the date stated above.

SIGNATURE M. T. Lally M.D. — **ADDRESS** (Street, city, town, state) 6 E Fitzhugh St. — **DATE SIGNED** 2-7-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-9-56	Fowler	Best Gate, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2-15-1956	H. C. Council	William Reese, JR Annapolis, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01334

1325 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
Ann
COUNTY Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Anne Arundel Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn
STREET ADDRESS (If rural give location) Dennont Severn

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (Last) PRINCE

4. DATE OF DEATH (Month) FEB (Day) 15 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	White	WIDOWED	May 4, 1870	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House WIFE	OW No	USA	

13. FATHER'S NAME Tom

14. MOTHER'S MAIDEN NAME Annie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	Mrs. [illegible] Severn

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) CEREBRO-VASCULAR ACCIDENT — 6 Hrs

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) ARTERIO-SCLEROSIS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Colon Diverticulosis, Fractured Lumbar Spine

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
		Dennont, Severn Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
56 FEB 4 M.		Fell at Home

22. I hereby certify that I attended the deceased from 6 Feb, 19 56 to 15 FEB 19 56 that I last saw the deceased alive on 15 Feb, 19 56, and that death occurred at 6:07 M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
W. Handmaker	M.D.	96 Cathedral St Annapolis	2-15-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 18 1956	Lot in Parks	Balto Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
FEB 1956	Wm. J. French	T. F. Gingerich	[illegible] Annapolis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1326 **CERTIFICATE OF DEATH** 01335

Reg. Dist. No. 21

1. PLACE OF DEATH
a. COUNTY: ANNE ARUNDEL — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 ANNAPOLIS
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 130 PRINCE GEORGE ST

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MARYLAND
b. COUNTY: A.A.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ANNAPOLIS
d. STREET ADDRESS: 130 PRINCE GEORGE ST
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First MARGARET Middle t Last REVELL

4. DATE OF DEATH: Month 2 Day 26 Year 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/29/1882

9. AGE (In years last birthday): 73 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper Cashier

10b. KIND OF BUSINESS OR INDUSTRY: BOOKKEEPER

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN FAUNEN REVELL

14. MOTHER'S MAIDEN NAME: SUSANAH SANDS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-0711

17. INFORMANT: Address: MRS CHILTON C. MOSS #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cardiac Failure — Sudden

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (b): Congestive Heart Disease — About 1yr
DUE TO (c): Endo Myocarditis — About 4yrs.

421.4

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour o. m. p. m. Month Day Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Jan 4, 1956, to Feb 25, 1956, that I last saw the deceased alive on Feb 25, 1956, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: J. Oliver Purvis M.D. ADDRESS (Street, city or town, state): 40 Franklin St., Annapolis Md. DATE SIGNED: 2/27/56

PHYSICIAN'S NAME (Type): J. Oliver Purvis

22a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

22b. DATE THEREOF: 2/29/56

22c. NAME OF CEMETERY OR CREMATORY: St. Anne's

22d. LOCATION (City, town, or county) (State): ANNAPOLIS MD.

23. FUNERAL DIRECTOR'S SIGNATURE: John M. Taylor & Sons ADDRESS: Annapolis, Md.

24a. REC'D BY REGISTRAR DATE: Feb 29 1956

24b. REGISTRAR'S SIGNATURE: [signature]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS AIS (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

1369 CERTIFICATE OF DEATH

01336

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH

COUNTY Fran Hurnal — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn — LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3428 Wilkens Ave

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balt.

STREET ADDRESS (If rural give location) 5423 Wilkens Ave

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) (Last) Rhinehardt

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	M	3/5/19xx	55 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Dairy	Md.	

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes		Family - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

3X IMMEDIATE CAUSE (A) Cancer of lung

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 53, to February, 19 56, that I last saw the deceased alive on Feb. 5, 19 56, and that death occurred at 8A.M., from the causes and on the date stated above.

SIGNATURE Eugene Edgerly M.D. **ADDRESS** (Street, city, town, state) 3904 S. Hanover St. Zone25 **DATE SIGNED** 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	2/8/56	Bayview	Balto

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	Ida Whitson	Kelly Funeral Home	

1370

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01337
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O.Glen Burnie
LENGTH OF STAY (in this place) Few minutes.
HOSPITAL OR INSTITUTION OR STREET ADDRESS In Stoney Creek off View Point Shore.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN P.O.Glen Burnie
STREET ADDRESS (If rural, give location) Bright Water Beach

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) William (Last) Robinson

4. DATE OF DEATH: (Month) February (Day) 14th (Year) 19 56

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	1/8/03	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Electrician (Merchant Marine.)		Grafton, W.Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Robinson	Martha Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WWI 5/17 - Dec. 23/22	236-20-5317	Mrs. Mary Robinson (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Accidental Drowning	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Stoney Creek	21c. (City or town) Off View Point Shore,	(County) A.A.	(State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
2/14/56 5.10 P. M.		Drowning

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Rudolph K. Raubert M.D. M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2/21/56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 21 56	Balto. Nat'l. Cem.	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-21-56	L J D'Alba per DH.	H. D. Smyth	Glen Burnie, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01338

1371 # CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millersville (RFD) — LENGTH OF STAY (In this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millersville (RFD)

STREET ADDRESS (If rural give location) Crain Hwy

3. NAME OF DECEASED (Type or Print) — (First) Mary (Middle) C. (Last) Sothington

4. DATE OF DEATH (Month) Feb (Day) 15 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow	June 28, 1859	96 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework (ret)	own Home	A-A-Co, Maryland	U-S-A-

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Stewart	Sarah Ann Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	None	Mrs-Nat Pumphrey, Millersville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio - Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Infected Arm	YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ....., 19 25, to Feb 15, 19 56, that I last saw the deceased alive on Feb 15, 19 56, and that death occurred at 5-20 P.M., from the causes and on the date stated above.

SIGNATURE James S. Billingsley M.D. — **ADDRESS** (Street, city, town, state) 108 Central Ave Glen Burnie Md. — **DATE SIGNED** Feb 15 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 17 1956	Elm Haven	Elm Burnie, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	E. M. Joyce	W. F. Singleton	Glen Burnie, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1327 CERTIFICATE OF DEATH

01339

Reg. Dist. No. 21

Item 3, Filed 3-7-56 et

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Annapolis, Md

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Anna polis

STREET ADDRESS (If rural give location): 520 Horn Point

3. NAME OF DECEASED (Type or Print): (First) [illegible]t (Middle) (n) (Last) first CECILIA SATT.ARY,

4. DATE OF DEATH: (Month) February (Day) 27 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	Cau	M.	7-22-82	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Denmark	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jens Christain Lykke	Kirsten Grandslow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	—	USNH Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Infarct, Cerebral #332 — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Cerebral Arteriosclerosis

DUE TO (C): Hypertensive Cardiovascular Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 February 19 56, to 27 February 19 56, that I last saw the deceased alive on 27 February 19 56, and that death occurred at 3:50a M, from the causes and on the date stated above.

SIGNATURE: [illegible] ACKSON CDR MC USN — ADDRESS (Street, city, town, state): M.D. U.S.Naval Hospital, Annapolis, Md. — DATE SIGNED: 27 Feb.1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 56	National Cemt	Annapolis Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feb. 29, 1956	[illegible]	John M. Hayden Sons Annapolis Md

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01340

1372 **CERTIFICATE OF DEATH**

Reg. Dist. No. 28

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel	MARYLAND	STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville	LENGTH OF STAY (In this place) 5yrs.9mos.21days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital		STREET ADDRESS (If rural give location) None listed

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John		Savoy	2	23	1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	Not given	53? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not listed	Not listed

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Hospital Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH / IMMEDIATE CAUSE (A)	Kachexia	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)	Myocardial degeneration	
DUE TO (C)	Arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Mental Deficiency with Psychosis	Life

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — —	— — — — — — — — — — — — — — —	YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — —	— — — — — — — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 2/23, 19 56, that I last saw the deceased alive on 2/23, 19 56, and that death occurred at 3:25a.M. from the causes and on the date stated above.

†SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Hildegard Heard Reiss M.D.	Crownsville, Md.	2/23/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2/26/56	St. Simons	Croom, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
FEB 23 1956	L. M. Joyce	Collins Funeral Home	4339 Hunt Pl. W.S

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1328 CERTIFICATE OF DEATH

01342

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn Md

LENGTH OF STAY (in this place) 8 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital, Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn, Md.

STREET ADDRESS (If rural give location) New Cut Road, Severn, Md.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (N) (Last) SHAMBURGER

4. DATE OF DEATH (Month) February (Day) 10 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	M	8-14-98	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S.Navy	U.S.N.	Miss.	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley SHAMBURGER	Hattie Barlow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk')	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
yes	1917-36:1941-45	212 05 9802	U.S.Naval Hospital, Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	ASPHYXIA #795	Terminal
ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	SUPPURATION, LUNG, CHRONIC #521	8 mo.
DUE TO (C)	SILICOSIS, SILICOTIC OCCUPATIONAL # 523	8 mo.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work [ ] Not while at work [ ]	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16-..., 19 55, to 2-10-..., 19 56, that I last saw the deceased alive on 2-10-..., 19 56, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D.

ADDRESS (Street, city, town, state) U.S.Naval Hospital, Annapolis, Md.

DATE SIGNED 2-11-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 18, 56	Glen Haven Cemetery	Glen Burnie, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb.13,56	[signature]	HOPPING FUNERAL HOME	ANNAPOLIS, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01343

1329

CERTIFICATE OF DEATH

Reg. Dist. No. 21

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within XX hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH

COUNTY Anne Arundel. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis.

LENGTH OF STAY (in this place) 7 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hosp Annapolis

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD. COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MAGothy Beach

STREET ADDRESS (If rural, give location) Severna Park.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Wesley (Last) Sheckels.

DATE OF DEATH (Month) Feb (Day) 24. (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M.	W.	Married	17 Feb 1882	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fisherman	Fishing.	BALTO, MD	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	Eliza Lusby.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	~~220-34-6250~~	Mrs Sheckels MAGothy Beach

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X IMMEDIATE CAUSE (A) (1) Circulatory Collapse.

ANTECEDENT CAUSE(S) DUE TO (B) (2) Generalized Bleeding.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Tendency of Postoperative Shock.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (3) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
14 Feb 56.	ENLarged Prostate	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955 to 24 Feb 56, 19..., that I last saw the deceased alive on 23 Feb, 1956, and that death occurred at 4:40 M, from the causes and on the date stated above.

SIGNATURE E. S. Hahn, M.D. ADDRESS (Street, city, town, state) Severna Park, Md DATE SIGNED 24 Feb 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 27/56	Cedar Hill	Brooklyn MD Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
FEB 5 1956	Wm. J. French,	[illegible]	[illegible] Glen Burnie Md

(41

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01344

1373 CERTIFICATE OF DEATH

Reg. Dist. No. 2-1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover Rural; LENGTH OF STAY (in this place) 27 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover (Rural); STREET ADDRESS (If rural give location) Hanover Rd

3. NAME OF DECEASED: (Type or Print) (First) Guy (Middle) (Last) Sprnell

4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1956

5. SEX Male; 6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH. Jan 1-1887

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Janitor

10B. KIND OF BUSINESS OR INDUSTRY Public Schools

11. BIRTHPLACE (State or foreign country): Kingston N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry Sprnell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-03-1015

17. INFORMANT & ADDRESS: Anne Sprnell, Box 2 Hanover, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cancer of Lungs — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSE (S); DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO " " of Liver — 2 mos

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1955, to Feb 3, 1956 that I last saw the deceased alive on Feb 3, 1956, and that death occurred at 3 20 P. M, from the causes and on the date stated above.

SIGNATURE R. B. Brumbaugh M. D. ADDRESS 5-607 Main St Cambridge Md DATE SIGNED 2/3/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Feb 6 1956; NAME OF CEMETERY OR CREMATORY St. J Rest; LOCATION (City, town, or county) Hanover Md (State)

DATE REC'D BY LOCAL REGISTRAR Feb 6, 1956; REGISTRAR'S SIGNATURE C. E. Hedrick; 24. FUNERAL DIRECTOR & ADDRESS Eyler Funeral Home 1631 Druid Hill Ave

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01345

CERTIFICATE OF DEATH

1374

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena R.F.D. — LENGTH OF STAY (in this place) 8 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena R.F.D.

STREET ADDRESS (If rural give location) Mountain Road

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) LOUISA (Last) STALLINGS

4. DATE OF DEATH (Month) Feb. (Day) 20, (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Widow	OCT. 10 1870	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework (ret.)	Own Home	Anne Arundel Co., Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Ellison	Sarah E. Osborne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	William Stallings — Mountain Rd Pasadena R.D. 1, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — IMMEDIATE CAUSE (A)	Acute pulmonary edema	½ hour
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — DUE TO (B)	Arteriosclerosis	Not known
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Fracture of left tibia.	2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1956, to Feb. 20, 1956, that I last saw the deceased alive on Feb. 20, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE R. W. McLaughlin M.D. — **ADDRESS** (Street, city, town, state) Pasadena, Md. — **DATE SIGNED** Feb. 20, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 23/56	Magothy Church Cem	Magothy, A.A.C., Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	Louis J. DeAlloys	T. F. Knight	Glen Burnie, MD.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1330 **CERTIFICATE OF DEATH**

01346

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Franklin Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis, Md

STREET ADDRESS (If rural give location): 213 Glaude Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) ELMER (Last) TAYMAN

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 10 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	July 20, 1891	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	U.S. Gov.	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Albert Tayman	Mary Sewell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
- - -	- - - - -	212-10-2816	Mrs Marie Dixon- Daughter- same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: about 3/4hrs

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Arterial Hypertension — Several yrs

DUE TO (C): Mitral Stenosis — 4yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10th, 1956, to Feb 10, 1956, that I last saw the deceased alive on Feb 10, 1956, and that death occurred at 1010 AM, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
M.D. Eliezer Pereira	40 Franklin St Annapolis Md	2/11/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 14, 56	Hillcrest Memorial Cemetery	Annapolis, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2-14-56	[illegible]	HOPPING FUNERAL HOME	ANNAPOLIS, MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01347

CERTIFICATE OF DEATH

1375

Reg. Dist. No. .....

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH

COUNTY H.H. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn

LENGTH OF STAY (in this place) Years.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 Edgecale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY HH.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn

STREET ADDRESS (If rural give location) 113 Edgecale Rd.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) A (Last) Thomas

4. DATE OF DEATH (Month) 5. (Day) 18 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	M.	4-1-69	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Robinson	? Hudgeson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no			Family - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1443X IMMEDIATE CAUSE (A) cardiac failure

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 56, to Feb. 5, 19 56, that I last saw the deceased alive on Feb. 5, 19 56, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE E. C. [illegible] M.D. **ADDRESS** (Street, city, town, state) 3467 Belair Rd. Balto. 24 **DATE SIGNED** 2-11-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B.	2/21/56	Woodbridge	Balto

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feb. 14, 1956	Ida Thurston	McCully Funeral Homes

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

f331 **CERTIFICATE OF DEATH**

01348

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A. A. Co. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1933 West St

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A. A. Co.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 1933 West St

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Thompson

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Col'd	W	5-31-1883	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Annapolis, md	USA

13. FATHER'S NAME Charles Carroll

14. MOTHER'S MAIDEN NAME Sarah Bryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Louis Thompson 1933 West St

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — IMMEDIATE CAUSE (A)	Cardiac Failure	4 hrs
ANTECEDENT CAUSE(S) DUE TO (B)	Hypertensive Cardio-Vascular Disease	4 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/56, 19..... to 2/19/56, 19....., that I last saw the deceased alive on 2/19/56, 19....., and that death occurred at 9:30 P M, from the causes and on the date stated above.

SIGNATURE Theodore A Johnson M.D. **ADDRESS** (Street, city, town, state) 37 Cabral Blvd Annapolis **DATE SIGNED** 2/21/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	2-23-56	Brewer Hill	Annapolis, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2/21/1956	[signature]	William Reese Jr	Annapolis Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1376 CERTIFICATE OF DEATH

01349

Reg. Dist. No. 26

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Shady Side

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shady Side X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Odessa (Middle) Patricia (Last) Thompson

4. DATE OF DEATH (Month) Feb. (Day) 14 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Fem	Negro	Infant	Jan. 16, 1956	yrs.		29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	------	Maryland	

13. FATHER'S NAME George O. Thompson

14. MOTHER'S MAIDEN NAME Maxine Denny(or Dennis ?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Grandfather Frank Tongue, Shady Side, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	Bronchopneumonia	2 Days
ANTECEDENT CAUSE(S) DUE TO (B)	Prematurity	1 Month
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from~~ ....., 19....., to ....., 19....., ~~that I last saw the deceased alive on~~ ....., 19....., ~~and~~ that death occurred at 7:30 A.M., from the causes and on the date stated above. not seen by me in life

SIGNATURE, M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
F.D. Hendrick	Shady Side, Maryland	2-14-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/56	St. Matthews	Shady Side Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb 22-56	D. Belle Dent	Bernard A. Hardesty	Edgewood Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 21 Film G193 2-29-[illegible]

1377

CERTIFICATE OF DEATH

01350

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shadyside

LENGTH OF STAY (In this place) not at all

HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberstone

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) [illegible] (Last) Ingue

4. DATE OF DEATH (Month) Feb. (Day) 12 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	July 24, 1935	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer		Cumberstone Md	

13. FATHER'S NAME Clinton Ingue

14. MOTHER'S MAIDEN NAME Martha Brent

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 246-32-7397

17. INFORMANT & ADDRESS Clinton Ingue, Cumberstone Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) automobile accident

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MED CAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County)	(State)
	Road	Churchton	AA	

21d. TIME OF INJURY (Month) (Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
2-11-56		12 M.		Car skidded - hit tree threw him out

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Not at all, 19..., and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE Emily H. Wilson actg. M.D. Coroner — **ADDRESS** (Street, city, town, state) Lothian — **DATE SIGNED** 2-12-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/56	Clinos	West River Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2/12/56	Elsie West Williams	Bernard Hardesty	Galesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01351

1378 CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Ann Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (in this place) 5½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
STREET ADDRESS (If rural give location) Laurel, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) Ann (Last) Toole

4. DATE OF DEATH: (Month) Febr. (Day) 28 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1-19-36

9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR: Months Days 9 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Brice Toole, Deceased

14. MOTHER'S MAIDEN NAME: Eleanor Hibbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: 3133 Connecticut Avenue, N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Broncho Pneumonia

ANTECEDENT CAUSE (B) DUE TO Inanition

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Mental Retardation

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hydrocephalus

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1956, to 2-28, 1956, that I last saw the deceased alive on 2-28-56, 19.., and that death occurred at 11:05 M, from the causes and on the date stated above.

SIGNATURE Permit Mahoney M.D. ADDRESS Laurel MD DATE SIGNED 2/28/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-29-56

NAME OF CEMETERY OR CREMATORY Arlington, Virginia

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Feb 28 - 1956

REGISTRAR'S SIGNATURE Edna Mahony

24. FUNERAL DIRECTOR Joseph Gawler & Son, Inc., Wash., D. C.

ADDRESS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01352

CERTIFICATE OF DEATH

1332

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (In this place) 2 or 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A. A. Co.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater - Md -

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Oliver (Last) Linthicum

4. DATE OF DEATH (Month) Feb. (Day) 16 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	W.	April 5, 1896	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
water & plumber	plumbing	Friendship, Md.	U.S.A.

13. FATHER'S NAME Walter Linthicum

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ~~[illegible]~~ 3213

17. INFORMANT & ADDRESS Mrs Maria Robertson, Edgewater Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B) coronary arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1956, to Feb 16, 1956, that I last saw the deceased alive on Feb 15, 1956, and that death occurred at 7:30 P.M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Emily H Linthicum M.D.	Lothian, Md	2/16/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2/17/56	Fort Lincoln Cem.	Colmar Manor Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feb. 18, 1956	[signature]	[illegible]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1333 CERTIFICATE OF DEATH

.01353

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis

LENGTH OF STAY (In this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis

STREET ADDRESS (If rural give location): 18 Spaview Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Anders n (Last) [illegible], Jr.

4. DATE OF DEATH: (Month) February (Day) 20 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	Cau.	S	16 Febru ry 1956	yrs.	4	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William A. WENKER	Joan Wainright GASSNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	—	U.S. Naval Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Aspiration Pneumonia #763

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Acute peritonitis

DUE TO (C): Atresia of small intestine

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 19 56, to 2-20, 19 56, that I last saw the deceased alive on 2-20, 1956, and that death occurred at 11:45AM, from the causes and on the date stated above.

SIGNATURE [signature] L.R. PETERS LCDR MC USN — M.D.

ADDRESS (Street, city, town, state): U.S.Naval Hospital, Annapolis, Md.

DATE SIGNED: 21 FEB.1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2/23/56	U.S. NAVAL ACADEMY	ANNAPOLIS Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2/23/1956	[signature]	John M. Taylor & Sons	Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1334 CERTIFICATE OF DEATH

01354

Reg. Dist. No. 245

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.
The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been secured by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Homewood Convelesent Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Prince Georges

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cottage City

STREET ADDRESS (If rural give location): 3718 40th Place,.

3. NAME OF DECEASED (Type or Print): (First) India (Middle) (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year): February 12, 1956.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	Nov 27, 1879	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Virginia	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John King	? Hubble

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		none	John G. Lowder Same as No 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 HRS.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED White at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2/12, 19 56, to 2/12, 19 56, that I last saw the deceased alive on 2/12, 19 56, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE: Edward L Bock M.D. — ADDRESS (Street, city, town, state): 11 Southgate Ave Annapolis Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 15, 1956	Fort Lincoln Cemetery	Colmar Manor Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Feb. 14 1956	Mrs. Jay Leonard	F Gasch's Sons	Hyattsville, Md.

Wm. J. Linthicum

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01355

CERTIFICATE OF DEATH

1379

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place): 12yrs.8mos.9days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): 325 N. Gilmor Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Williams

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Married	Unknown	57? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - -	Virginia	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henderson Harris	Florence Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Secondary Anemia

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Ca of Cervix

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- -	- - - - - - - - - -	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 19 48, to 2/5, 19 56, that I last saw the deceased alive on 2/5, 19 56, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (L. Benedict, M. D.) M.D.

ADDRESS (Street, city, town, state): Crownsville, Md.

DATE SIGNED: 2/5/56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	2/5-13-56	Md. Mem. Med. School	Green St.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	L. M. Jones	Diffpel Bros

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01356

1380 CERTIFICATE OF DEATH

Reg. Dist. No. .....

Items 12 25 FilmGl-3 2-28-56 et

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MILLERSVILLE

LENGTH OF STAY (in this place) 2 WEEKS

HOSPITAL OR INSTITUTION OR STREET ADDRESS SANN'S NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY ANNE ARUNDEL

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FERNDALE — GLEN BURN'E P.O.

STREET ADDRESS (If rural give location) 111 FERNDALE ROAD

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) — (Last) WITKOFSKY

4. DATE OF DEATH (Month) FEB (Day) 13 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	WIDOWED	JUNE 3 1874	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MOULDER (RET.)	B & O. R.R	GERMANY	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	NONE	MR. John Rickerth — 111 Ferndale Rd. Ferndale, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) General Arterial Sclerosis — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSE(S) DUE TO (B) Paraplegia — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/56 19..... to 2/11/56 19....., that I last saw the deceased alive on 2/13/56, 19..... and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE Gustav A. Rickert M.D. ADDRESS (Street, city, town, state) Glen Burnie, Md. DATE SIGNED 2/10/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB 16, 1956	HOLY ROSARY CEM.	DUNDALK - BALTO. CO. Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	L. M. Joyce	Singleton Funeral Home, Glen Burnie, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01357

1335

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shadyside

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) EFFIE (Middle) MOORE (Last) WOOLVERTON

4. DATE OF DEATH (Month) Feb (Day) 21 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Oct 24 1876	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Court Clerk	Clerical	Mississippi	U S A

13. FATHER'S NAME James Sidney Woolverton

14. MOTHER'S MAIDEN NAME Fannie Lee Tolson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Chas. E. Baldwin Jr 7803 Blaine Dr. Chevy Chase Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1. IMMEDIATE CAUSE (A) Chronic Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3± yrs.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24/1953, to 2/21/1956, that I last saw the deceased alive on 2/20, 1956, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE Frank M Shilling M.D. ADDRESS (Street, city, town, state) Annapolis Md DATE SIGNED 2/21/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Entombment	2/23/56	Fort Lincoln	Washington D.C.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	Wm. J. French	Bernard Hardesty Hyattsville Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1381 **CERTIFICATE OF DEATH**

01358

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millersville (Rural)

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elvaton, Millersville PO,

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) H. (Last) Zick

4. DATE OF DEATH (Month) 2/1/ (Day) (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 16, 1883	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher	Meat Market	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry F. Zick	Barbara Trump

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	215-01-1587	Mrs Viola Zick, Elvaton, Pasadena, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 IMMEDIATE CAUSE (A)	Cebral Hemorrhage	1 week.
ANTECEDENT CAUSE(S) DUE TO (B)	Cardio-Vascular Disease	5 years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 19 56, to Feb 1, 19 56, that I last saw the deceased alive on Feb 1, 19 56, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE James S. Billingsley M.D. **ADDRESS** (Street, city, town, state) 108 Central Ave. Glen Burnie Md **DATE SIGNED** Feb 2, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/5/56	Glen Haven Memorial	Glen Burnie, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feb 3, 1956	L. J. D'Alba	James A. Kirkley Hopping and Kirkley, Glen Burnie, Md.

1382

01359

Reg. Dist.

Item 7 Filed 2-20-56 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cat-Tail Creek, Tributary Stream of Magothy River

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location) Box 356-A, Magothy Road

3. NAME OF DECEASED: (Type or Print) (First) Otto (Middle) Karl (Last) Zwanzig

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: May 10, 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Karl Zwanzig

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 217-32-8957

17. INFORMANT & ADDRESS: 1325 N. Linwood Ave Mrs Frieda Hylla, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Dissecting Aortic Aneurysm

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Creek

21c. (City or town) (County) Anne Arundel (State) Md.

21d. TIME OF INJURY (Month) 2 (Day) 9 (Year) 56 (Hour) 3:45 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell in Water

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2/10/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/13/56

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Feb. 13, 1956

REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR ADDRESS Hopping and Kirkley, Glen Burnie, Md.